.	PLACE OF BIRTH File	•	
-		ARIZONA STATE BOA	ARD OF HEALTH
	Town of ORIGIN	REAU OF VITAL STATISTICS AL CERTIFICATE OF BIRTH	State Index No. 152 County Registrar No. 01
	Oity of	lo.	Local Registrar No.
.     =	2. Full same of child Betty Co	coursed in a hospital or institution, give	St. Was to NAME instead of street and number If child is not yet named, ma
=	Aemale births.	, triplet or other	7. Date October 16.192
-	8. FATHER	in order or birth	Month Day Year
	Full name John Dillard Bra		may Eackel
h stated.	9. Residence (Usual place of abode) (Uniami) an  If nonresident, give place and state	7 . 15. Residence (Usual place of about	(MAA   B
order of birth	10. Color or race  White 11. Age at last birthday	16. Color or race	17. Age at last birthday 2/
in orde	12. Birthplace (city or place) Chace (State or country) Texas	18. Birthplace (city or p	4
-		(Diate of country)	Kanas
	13. Occupation felectrician Nature of industry Copper mins	19. Occupation  Nature of industry	Housewife
	(Taken as of time of birth of child herein ) (b) Born all	re but now dead	e precautions taken against oph- nia meonatorum?
=	certified and including this child.) (c) Stillborn	ATTENDING PHYSICIAN OR M	ys.
۱	*When there was no attending physician	who was alive or stillborn:)	at 3:15 9 m. on the date above state
K	or midwife, then the father, householder, Signature etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Address	mami, anj	(Physician or miliatis)
G a	iven name added from supplemental report Month, day, year.	Filed Oct 3/ 1923	( ) ( ) Local Registrar.
	Registrar.	Filed 1971	County Registrar.